

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION**O.I.P.E. CLASSIFIER****FORMALITY REVIEW****INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	N	Not Rejected
<input type="checkbox"/>	Allowed	I	Interrogatory
<input type="checkbox"/>	(Through numeral) Canceled	A	Appealed
<input type="checkbox"/>	Restricted	O	Objected

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More than 100 claims? If so,
staple additional sheet(s).

1 FEET INSIDE